

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MS ANNE K
DUFFY

OFFICE USE ONLY

Date Received

JUL 15 2020 PM 4

JUL 15 2020 PM 4:4

LMQ

Date Hand-delivered or Date Postmarked

Hand-delivered

Receipt #

Amount \$

Date Processed

7-15-20

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY

STATE;

ZIP CODE

2311 Erica Kathleen Ln
Cedar Park, TX 78613

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 736-4867

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS HEIDI
HOUDEK

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

908 Rare Cat Ct.
Leander, TX 78641

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 780-8401

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 1 / 2020

THROUGH

Month

Day

Year

6 / 30 / 2020

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City Council
Place 3

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

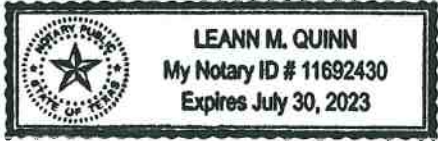
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <i>Anne K. Duffy</i>	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>60</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>60</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>187.41</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1092.31</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT <div style="display: flex; align-items: center;">  <div> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: center;"><i>Anne K. Duffy</i></p> <p style="text-align: center;">Signature of Candidate or Officeholder</p> </div> </div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u><i>Anne Duffy</i></u>, this the <u><i>15th</i></u> day of <u><i>July</i></u>, 20<u><i>20</i></u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p><i>Leann M. Quinn</i></p> <p>Signature of officer administering oath</p> </div> <div> <p><i>LeAnn M. Quinn</i></p> <p>Printed name of officer administering oath</p> </div> <div> <p><i>City Sec</i></p> <p>Title of officer administering oath</p> </div> </div>		
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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Anne K. Duffy</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 60
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 187.41
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Anne K. Duffy		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brigid Lester	7 Amount of contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code 2209 Flaming Tree Ct. Cedar Park TX 78613		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2/7/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brigid Lester	Amount of contribution (\$) \$10
Contributor address; City; State; Zip Code 2209 Flaming Tree Ct. CP 78613		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/9/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brigid Lester	Amount of contribution (\$) \$10
Contributor address; City; State; Zip Code 2209 Flaming Tree Ct Cedar Park 78613		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4/7/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brigid Lester	Amount of contribution (\$) \$10
Contributor address; City; State; Zip Code 2209 Flaming Tree Ct. CP 78613		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME
Anne K. Duffy

3 Filer ID (Ethics Commission Filers)

4 Date
5/8/2020

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Brigid Lester

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2209 Flaming Tree Ct. Cedar Park TX 78613

\$10

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
4/8/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Brigid Lester

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2209 Flaming Tree Ct. CP 78613

\$10

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>		2 FILER NAME <u>Anne K. Duffy</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1/28/2020</u>		5 Payee name <u>WIX.COM</u>			
6 Amount (\$) <u>30</u>		7 Payee address: <u>PO BOX 40190</u> <u>San Francisco, CA 94140</u>		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Anne K. Duffy</u>		Office sought <u>City Council P13</u> Office held	
Date <u>2/27/2020</u>		Payee name <u>WIX.COM</u>			
Amount (\$) <u>30</u>		Payee address: <u>PO BOX 40190</u> <u>San Francisco, CA 94140</u>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Anne K. Duffy</u>		Office sought <u>City Council P13</u> Office held	
Date <u>4/15/2020</u>		Payee name <u>WIX.COM</u>			
Amount (\$) <u>30</u>		Payee address: <u>PO BOX 40190</u> <u>San Francisco, CA 94140</u>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Anne K. Duffy</u>		Office sought <u>City Council P13</u> Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 2 FILER NAME Anne K. Duffy 3 Filer ID (Ethics Commission Filers)

4 Date 4/30/2020 5 Payee name WIX.COM

6 Amount (\$) 3247 7 Payee address: PO Box 40190 City: San Francisco State: CA Zip Code: 94140

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Anne K. Duffy Office sought City Council Office held P12

Date 6/1/2020 Payee name WIX.COM

Amount (\$) 3247 Payee address: PO Box 40190 City: San Francisco State: CA Zip Code: 94140

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Adv. Expense Description (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Anne K. Duffy Office sought City Council Office held P13

Date 6/29/2020 Payee name WIX.COM

Amount (\$) 3247 Payee address: PO Box 40190 City: San Francisco State: CA Zip Code: 94140

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Adv. Expense Description (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Anne K. Duffy Office sought City Council Office held P13

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED